IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Christophe de ROMEUF et al.

Title: ANTIBODY FOR ADCC AND INDUCING

CYTOKINE PRODUCTION

Appl. No.: 10/527,664

Filing Date: 09/19/2005

Examiner: Chun Wu Dahle

Art Unit: 1644

Confirmation

Number: 5235

AMENDMENT TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[] Assertion of Small Entity status is enclosed.

[X] The fee required for additional claims is calculated below:

WASH_6232159.1 -1-

	Claims			Extra					
	As		Previously	Claims					Additional
	Amended		Paid For		Present		Rate		Claims Fee
Total Claims:	25	-	26		0	X	\$52.00		\$0.00
Independent Claims:	1	-	3		0	X	\$220.00	=	\$0.00
First p	oresentation	of ar	ny Multiple I	Depen	dent Claims:	+	\$390.00	=	\$0.00
					CLAIMS	FEE	E TOTAL	_	\$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[X] Extension for response filed within the first month:	\$130.00	\$130.00
[] Extension for response filed within the second month:	\$490.00	\$0.00
[] Extension for response filed within the third month:	\$1,110.00	\$0.00
[] Extension for response filed within the fourth month:	\$1,730.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION FEE	E TOTAL:	\$130.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE	E TOTAL:	\$130.00
[] Small Entity Fees Apply (subtract ½ s	of above):	\$0.00
Extension Fees Previously Paid:		
TO	ΓAL FEE:	\$130.00

A credit card payment form in the amount of \$130.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

WASH_6232159.1 -2-

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Ву

Respectfully submitted,

Date 31-JUL-2009

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Rouget F. Henschel Attorney for Applicant Registration No. 39,221